

PERMIT
SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P _____
A 514195C

ISSUE DATE _____

APPROVAL DATE _____

Not done

INDEXED

_____ IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION _____ LOT NUMBER _____ ADDRESS 13130 Highland Rd

PROPERTY OWNER Buch PROPERTY OWNER'S ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

SQUARE FEET PER BEDROOM _____

LINEAR FEET OF TRENCH REQUIRED _____

TRENCHES: Trenches to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth
_____ feet below original grade. _____ feet of stone below distribution box.

LOCATION: _____

PLANS APPROVED _____ DATE _____

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

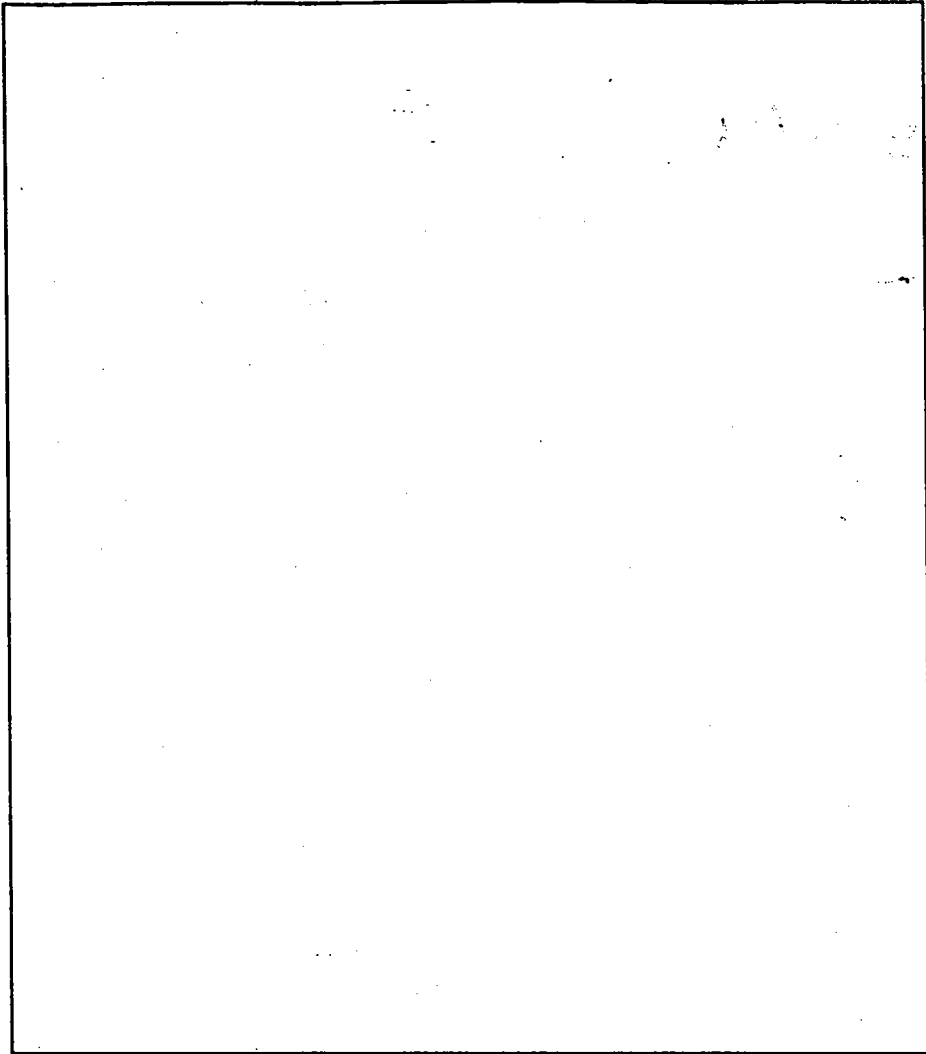
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE
SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A514195-C

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH _____
TRENCH INLET DEPTH _____
TRENCH BOTTOM DEPTH _____
DEPTH OF STONE _____
NUMBER OF TRENCHES _____
TOTAL TRENCH LENGTH _____
ABSORBENT AREA _____
DISTRIBUTION BOX LEVEL _____
BAFFLE IN DISTRIBUTION BOX _____

SEPTIC TANK DATA

SEPTIC TANK _____ GALLONS
MANHOLE RISER _____
6 INCH INSPECTION PORT _____

PUMP CHAMBER DATA

PUMP CHAMBER
GALLONS _____
MANHOLE RISER _____
ALARM _____
PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: _____

INSPECTOR _____ DATE SYSTEM APPROVED _____

Howard County Health Department

HO-66-W-115

To: JANE

^{JUST}
ADDRESS MATCHED TO OLD WCLL FILE.

PLEASE ADD TO EXISTING
RECORDS OR CREATE

NEW INDEXED FILE...

8/16/00

No Records

for 13130

Highland Rd.

Index. (BE)

THX (CW)

From: 7/28/99

Date: _____

R-W-3
7-65

State Office Building
ANNAPOLIS, MARYLAND 21401

STATE OF MARYLAND

DEPARTMENT OF
WATER RESOURCES

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED

APPLICATION FOR PERMIT TO DRILL WELL

20.447

Owner James R. Buch, Jr.
Street or R. F. D. 131300 WILKINSON RD.
Post Office Highland

Driller Ed. Brown License Number 288
Street or R. F. D. _____
Post Office R.3 Mt. Airy
Date 10/1/65

Quantity of Water to be Produced 3 G.P.M.
Total Quantity Needed For Use 300 G.P.D.
Use for Water Home
Approximate Depth of Well (feet) 100
Method of Drilling to be used Cable

Location of Well
Subdivision _____
Section _____ Lot _____
County HOWARD
Nearest Town HIGHLAND
Distance from Town IN TOWN
Direction from Town _____

Is this a Replacement Well? Yes - No
If YES, indicate date abandoned well is to be sealed: _____
and by whom: _____

Description of Location of Well
(This information should be definite enough to permit locating well on a county map).
Near what road RT 108
On which side of road NORTH
(North, East, South, West)

PERMIT TO DRILL WELL
(Not To Be Filled In By Driller)

Well Permit No. Ho-66-W-115

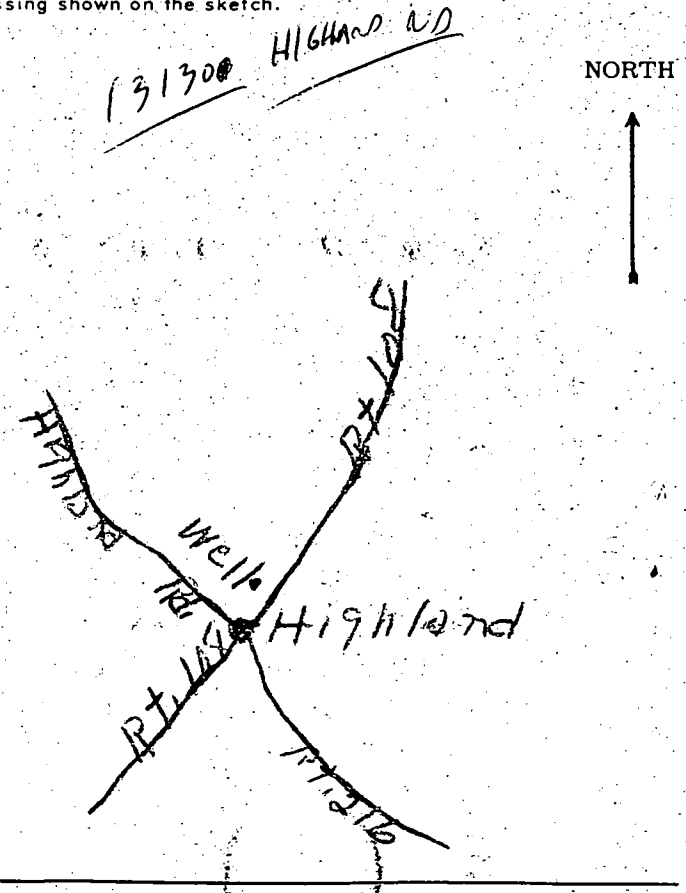
Samples of Cuttings Required by Department: Yes No
Owner Requires Permit to Appropriate Water: Yes No
Owner Has Permit to Appropriate Water: Yes No

Appropriation Permit No. _____
The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.
Basil W. McKee 10-7-65
Director Date

THIS PERMIT IS NOT TRANSFERABLE
WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT
Special conditions that must be observed:

Health Department Approval of Application
Howard County Department of Health
or State Department of Health
Approved by Robert J. Wingo
Title Chief Sanitarian
Date 10/5/65

Distance from road 120 ft.
Draw a sketch below showing location of well in relation to nearby towns, roads and streams with north in the direction of the arrow, and give distance from well to nearest road junction or stream crossing shown on the sketch.



**THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL**

WELL COMPLETION REPORT

WELL DESCRIPTION

WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

FEET
from ___ to ___

4
clay
60
Sand
+
gravel

22
Shale
Rock
37
limestone
Rock

WELL

123

DIAM.
(inches)

FEET
from ___ to ___

6 1/4"
Pipe

64

PUMPING TEST

Hours Pumped 2
Type of Pump Used PM
Pumping Rate _____
Gallons per Minute 3

WATER LEVEL

Distance from land surface to water:
Before Pumping 43 Ft.
When Pumping _____ Ft.

APPEARANCE OF WATER

Clear Cloudy _____
Taste _____
Odor None

Height of Casing Above Land
Surface 2 Ft.

PUMP INSTALLED

Type _____
Capacity _____
Gallons per Minute _____
Gallons per Hour _____
Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT

Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.

NORTH



Date Well Was Completed 10/30/65

Well Driller
Signature Ed. Brown

HOWARD COUNTY
MARYLAND STATE DEPARTMENT OF HEALTH
8 Church Road
ELLCOTT CITY, MARYLAND
WELL COMPLETION REPORT

This report must be submitted within 10 days after completion of the well.

This is to certify that the well which has been completed on the below property has been constructed and disinfected in compliance with the regulations and specifications of the State Board of Health.

The following construction and performance characteristics were noted:

1. Type, diameter and length of casing 1 1/4" Pipe 64 ft. 37 ft.
2. Total depth of well 123 ft.
3. Type, diameter and length of strainer none. Size of screen openings _____
4. Method of sealing top and bottom of screen _____
5. Method of grouting Cement. Quantity, cement used 94 lbs. Gals. water 5
6. Standing water level (depth below ground surface when not pumping) 43 ft.
7. Yield of well in gallons per minute 3; elevation of water surface when pumped at the designated rate. _____
8. Number of hours pump operated at stipulated rate during pumping test 2
9. Record of any other pumping performance none
10. Log of materials encountered during drilling 4 ft. Clay 60 ft. Sand + gravel 22 ft. Shale Rock 37 ft. Trilobite Rock
11. Physical appearance of water at end of final pumping test clear
12. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth ✓
13. Disinfected by 1 ounces of quart % Chlorine (Brand name Clorox)

Property Owner James R. Bruch Jr. Address Highland Md.
Location of property Rt. 108 Highland

Health Department Number _____ Dept. of Water Resources Permit No. Ho-66-W-115
Date: 10/30/65, 1965. Ed. Brown
Signature of Well Driller

INSTRUCTIONS: This form is to be completed in duplicate and certified by the well driller upon completion of each drilled well. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.